

**CITY OF HARRISBURG  
BUREAU OF HUMAN RESOURCES  
REV. DR. MARTIN L. KING, JR., CITY GOVT. CENTER – SUITE 406  
10 NORTH SECOND STREET  
HARRISBURG, PA 17101  
(717) 255-6475  
[www.harrisburgpa.gov](http://www.harrisburgpa.gov)**

**INSTRUCTIONS  
FOR  
EMPLOYMENT APPLICATION  
(for all non-seasonal positions)**

1. **Answer every question.** The application will not be accepted by the Bureau of Human Resources if all required information is not completed on the application.
2. If a question does not pertain to you, enter “N/A”.
3. If you need additional space to answer a question, use a separate sheet of paper. Precede your answer with the number of the referenced block.
4. **Do not misrepresent, falsify or omit any requested information.**
5. **Do not provide any unrequested information.** The application will not be accepted by the Bureau of Human Resources if information not required by the application is provided.
6. In Section 1, list the five- (5) digit Job Number and corresponding Job Title for each position in which you are interested.
7. In Section 9, you must list all periods of employment **AND** unemployment for the past ten (10) years.
8. If you need assistance in completing this application due to a disability, you may contact the City’s Affirmative Action Officer at 255-6505.

It is the policy of the City of Harrisburg to keep all applications for employment active for six (6) months. In order to keep an application active for an additional six (6) months, the applicant must renew it by contacting the Bureau of Human Resources before expiration of the initial six- (6) month period. After an application has expired, an applicant must file a new application with the Bureau of Human Resources.

## **EMPLOYMENT APPLICATION**

**(for all non-seasonal positions)**

**DATE:** \_\_\_\_\_

1. TYPE OF WORK DESIRED (See Position Code List)					
JOB CHOICE	JOB NUMBER	JOB TITLE			
1 <sup>ST</sup> CHOICE					
2 <sup>ND</sup> CHOICE					
3 <sup>RD</sup> CHOICE					
4 <sup>TH</sup> CHOICE					
5 <sup>TH</sup> CHOICE					
6 <sup>TH</sup> CHOICE					
2. PERSONAL INFORMATION					
LAST NAME (include Jr., Sr., etc.)		FIRST NAME	MIDDLE	ALIAS(ES), NICKNAME(S), MAIDEN NAME, FORMER NAMES	
FULL STREET ADDRESS			CITY OF POST OFFICE	STATE	ZIP CODE
HOME TELEPHONE NUMBER (Include Area Code)			WORK TELEPHONE NUMBER (Include Area Code)		
(       ) -			(       ) -		
SOCIAL SECURITY #	Are you authorized to work in the United States?			TYPING SPEED	
-      -	<input type="checkbox"/> Yes <input type="checkbox"/> No			_____ wpm	
3. MILITARY STATUS					
A. Have you served in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No					
B. Branch of Service: <input type="checkbox"/> Army <input type="checkbox"/> Air Force <input type="checkbox"/> Marines <input type="checkbox"/> Navy					
C. Dates of Service: _____					

**4. EDUCATION**

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TRAINING	GENERAL INFORMATION	DID YOU GRADUATE	TYPE OF DEGREE RECEIVED	MAJOR AND MINOR COURSE OF STUDY
HIGH SCHOOL	NAME: ADDRESS: PHONE NO.	YES <input type="checkbox"/> NO <input type="checkbox"/>		
TECHNICAL BUSINESS OR OTHER SCHOOL	NAME: ADDRESS: PHONE NO.	YES <input type="checkbox"/> NO <input type="checkbox"/>		
COLLEGE, UNIVERSITY OR PROFESSIONAL	NAME: ADDRESS: PHONE NO.	YES <input type="checkbox"/> NO <input type="checkbox"/>		
ADDITIONAL SCHOOL	NAME: ADDRESS: PHONE NO.	YES <input type="checkbox"/> NO <input type="checkbox"/>		

**5. GENERAL INFORMATION**

- A. Certain jobs with the City require a physical examination. If the position for which you are being considered requires a physical examination, are you willing to submit to an exam, at the City's expense, after a conditional job offer has been made to you? ☐Yes ☐No
- B. All new full-time employees must pass a pre-employment controlled substances test. Are you willing to submit to a pre-employment controlled substances test, at the City's expense, after a conditional job offer has been made to you? ☐Yes ☐No
- C. City employment requires a background investigation. Are you willing to have a background investigation done? ☐Yes ☐No
- D. Are you willing to accept the currently established wage for the job(s) you are seeking? ☐Yes ☐No
- E. Are you willing to work rotating shifts? ☐Yes ☐No

**RESIDENCY WITHIN THE CORPORATE LIMITS OF THE CITY OF HARRISBURG IS A CONDITION OF EMPLOYMENT.**

- F. Do you live within the corporate limits of the City of Harrisburg? ☐Yes ☐No
- If you answered "No" to question 5.F., do you understand that you must establish residency within the corporate limits of the City of Harrisburg within one year of employment, if hired? ☐Yes ☐No

**6. LICENSES, CERTIFICATES, SPECIAL QUALIFICATIONS AND/OR SKILLS**

List licenses, certificates, special qualifications or skills that directly relate to the qualifications of the positions for which you are applying. (Provide license/certificate numbers and expiration dates, if applicable.)

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**7. FOREIGN LANGUAGE**

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Indicate any foreign language skills you have and rate your level of knowledge for each.

LANGUAGE	READING			SPEAKING			UNDERSTANDING			WRITING		
	EXC	GOOD	FAIR	EXC	GOOD	FAIR	EXC	GOOD	FAIR	EXC	GOOD	FAIR

**8. CIVIL/CRIMINAL PROCEEDINGS**

- A. Have you EVER been convicted of any Felony or Misdemeanor offenses? ☐Yes ☐No
- B. Have you EVER pled guilty to any Felony or Misdemeanor offenses? ☐Yes ☐No
- C. Does your public record contain offenses for which you were adjudicated delinquent? ☐Yes ☐No
- D. Do you currently have Felony or Misdemeanor offense charges pending? ☐Yes ☐No

If you answered "Yes" to any of the above questions, you must provide the following information for each offense.  
Use additional sheets of paper (8 ½" x 11"), if necessary.

1. Offense: \_\_\_\_\_  
Date of offense: \_\_\_\_\_  
City and State in which offense occurred: \_\_\_\_\_  
Name of court having jurisdiction: \_\_\_\_\_  
Disposition or sentence for offense: \_\_\_\_\_  
Additional information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Offense: \_\_\_\_\_  
Date of offense: \_\_\_\_\_  
City and State in which offense occurred: \_\_\_\_\_  
Name of court having jurisdiction: \_\_\_\_\_  
Disposition or sentence for offense: \_\_\_\_\_  
Additional information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE NOTE THAT YOU MUST PROVIDE ALL REQUESTED CRIMINAL INFORMATION. BY SIGNING THIS EMPLOYMENT APPLICATION, YOU AUTHORIZE THE CITY OF HARRISBURG AND/OR ITS AGENTS TO PERFORM A CRIMINAL HISTORY INVESTIGATION TO VERIFY DISCLOSURE OF ALL CRIMINAL INFORMATION CONTAINED IN YOUR PUBLIC RECORD. CRIMINAL CONVICTIONS WILL NOT AUTOMATICALLY DISQUALIFY AN APPLICANT.**

**9. EMPLOYMENT HISTORY**

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Beginning with your most recent job, list your entire work history for the past ten (10) years, including full-time, part-time, temporary and seasonal employment AND all periods of unemployment. List full addresses and zip codes. If necessary, use additional sheets of paper (8 ½" x 11").

**A. PRESENT OR MOST RECENT**

<b>From:</b>	<b>Name of Employer</b>	<b>Name of Supervisor</b>	<b>Phone No.</b>
<b>To:</b>	<b>Address (Street, City, State, Zip Code)</b>		
<b>Your Title</b>	<b>Ending Salary</b>	<b>Reason for Separation</b>	

**Description of Duties:****B.**

<b>From:</b>	<b>Name of Employer</b>	<b>Name of Supervisor</b>	<b>Phone No.</b>
<b>To:</b>	<b>Address (Street, City, State, Zip Code)</b>		
<b>Your Title</b>	<b>Ending Salary</b>	<b>Reason for Separation</b>	

**Description of Duties:****C.**

<b>From:</b>	<b>Name of Employer</b>	<b>Name of Supervisor</b>	<b>Phone No.</b>
<b>To:</b>	<b>Address (Street, City, State, Zip Code)</b>		
<b>Your Title</b>	<b>Ending Salary</b>	<b>Reason for Separation</b>	

**Description of Duties:****D.**

<b>From:</b>	<b>Name of Employer</b>	<b>Name of Supervisor</b>	<b>Phone No.</b>
<b>To:</b>	<b>Address (Street, City, State, Zip Code)</b>		
<b>Your Title</b>	<b>Ending Salary</b>	<b>Reason for Separation</b>	

**Description of Duties:**

E.				Page 5
From:	Name of Employer	Name of Supervisor	Phone No.	
To:	Address (Street, City, State, Zip Code)			
Your Title	Ending Salary	Reason for Separation		
Description of Duties:				

  

F.				
From:	Name of Employer	Name of Supervisor	Phone No.	
To:	Address (Street, City, State, Zip Code)			
Your Title	Ending Salary	Reason for Separation		
Description of Duties:				

  

**G. Have you EVER been fired, asked to resign, suspended for cause, or subjected to disciplinary action while in any position?** ☐ Yes   ☐ No

**If you answered “Yes” to the above question, please explain.**

  

**H. In the past three (3) years from the date of application, have you applied for employment with the City of Harrisburg?** ☐ Yes   ☐ No

**If you answered “Yes” to the above question, list the dates of application and positions for which you applied.**

**I. In the past three (3) years from the date of application, have you been disqualified from making application for employment with the City of Harrisburg?**

☐ Yes ☐ No

If you answered "Yes" to the above question, please explain.

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**J. Have you EVER worked for the City of Harrisburg?**

☐ Yes ☐ No

If you answered "Yes" to the above question, list the dates of employment and positions held.

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#### 10. VEHICLE OPERATOR'S LICENSE

List the following information for ALL vehicle operator's licenses you now hold or have held in the last 3 years from the date of application:

LICENSE NUMBER	CLASS AND ENDORSEMENTS	STATE OF ISSUANCE	EXPIRATION DATE

**A. In the past three (3) years from the date of application, has your driver's license been suspended, restored or administratively restricted for non-medical reasons?**

☐ Yes ☐ No

**B. In the past three (3) years from the date of application, have you received a traffic citation for a moving violation?**

☐ Yes ☐ No

If you answered "Yes" to either of the above questions, please list the date and provide an explanation for each incident.

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## **AFFIDAVIT**

**I certify that the information provided in this application for employment is true and complete to the best of my knowledge. I authorize the City of Harrisburg to make an investigation of any of the information set forth in this application and release the City of Harrisburg and its agents from any liability. I agree and consent to this application being rejected without cause or hearing if any of the information herein contains any misrepresentation or falsification or if any material information has been omitted. I fully recognize that if I submit an incomplete application, such application will not be accepted by the Bureau of Human Resources. I fully recognize that if I provide information not required on the application, the application will not be accepted by the Bureau of Human Resources.**

**I understand if any of the information herein contains any misrepresentation or falsification or if any material information has been omitted, I will be disqualified from consideration and will not be permitted to make future application for any position with the City of Harrisburg for a period of three (3) years from the date of notification of disqualification.**

**I further understand if I am hired by the City of Harrisburg and if any misrepresentation, falsification or omission of material information in this application for employment is determined after my date of hire, I will be considered to have voluntarily terminated my employment and will not be permitted to make future application for any position with the City of Harrisburg for a period of three (3) years from the date of notification of termination.**

## **NOTICE TO APPLICANT**

**If you are considered for possible employment with the City of Harrisburg, you will be required to undergo a background investigation to verify your suitability for the position for which you are being considered. In order for a background investigation to be performed, you must authorize the City of Harrisburg and/or its agent to perform such. The background investigation may include verification of employment, military service, education, criminal history, credit history and driving record.**

\_\_\_\_\_  
**Printed Name of Applicant**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**